

Vacation Donation Account Request: For Medical Emergency

PART I – To Be Completed by Requesting Manager

To avoid delay in approval of Account, Manager/Supervisor must advise employee to send supporting medical documentation directly to Benefits Office (Bldg 400B) unless employee already submitted for FMLA

Employee Information

Name _____	
<i>first</i>	<i>last</i>
Life # _____	Department _____
Email _____	

Account Information

Request Date _____	Open Date _____
<i>date manager/supervisor received employee approval to request account</i>	<i>date manager/supervisor received employee approval to be opened</i>

Requesting Manager Information

Name _____	
<i>first</i>	<i>last</i>
Extension _____	Email _____

Provide Detailed Reason for Vacation Donation Request:

Requesting Manager's Signature _____ Date _____

PLEASE SUBMIT THIS FORM TO THE BENEFITS OFFICE (BLDG. 400B)

PART II – Benefits Office Approval

For Official Use Only

Benefits Office Signature _____		Date _____
Open Date _____	Close Date _____	
<i>date vacation account approved to be opened</i>	<i>date vacation account approved to be closed</i>	